

Waterville Parks and Recreation  
Coed Softball - Smash Division  
2010 Team Roster

Team Name \_\_\_\_\_ Captain's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Email Address (required) \_\_\_\_\_ (This will be how we send all information for the league)

Name (Please Print)	Date of Birth	Mailing Address (If PO Box, add street address)	Phone Number(s)	Signature

In consideration of the above listed program, I hereby hold harmless the City of Waterville, Waterville Parks and Recreation, and any of its employees, officers, agents, supervisors, and volunteers from any and all liability which may arise as a result of injury or injuries in the participation of the program described above.

**\* ROSTERS ARE DUE BY JUNE 4, 2010. ROSTERS WILL NOT BE ACCEPTED IF SIGNATURES ARE MISSING.**